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Agenda 3
Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Written submission by the Human Rights Defender of Armenia*

Note by the Secretariat

The Secretariat of the Human Rights Council hereby transmits the communication submitted by the Human Rights Defender of Armenia**, reproduced below in accordance with rule 7(b) of the rules of procedures described in the annex to Council resolution 5/1, according to which participation of national human rights institutions is to be based on arrangements and practices agreed upon by the Commission on Human Rights, including resolution 2005/74 of 20 April 2005.

* National human rights institution with A status accreditation from the Global Alliance of National Human Rights Institutions.

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Annex

Submission by the Human Rights Defender of Armenia

The present statement is submitted to the Human Rights Council with regard to the Report of the Special Rapporteur on his mission to Armenia, concerning the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

During his mission to Armenia in 2017, the Special Rapporteur had opportunity to meet with the Human Rights Defender of Armenia Dr. Arman Tatoyan and other representatives of the Office of the Human Rights Defender.

Recognizing the importance of making the report on the mission to Armenia publically available, the Human Rights Defender is grateful to the Special Rapporteur for collaboration, and presents his observations hereunder.

The right to health, including the right to receive medical care, is a fundamental right of every person in a democratic society. A country's national health system is one of the key components protecting the welfare of its population. It should always keep progressing to be able to address emerging challenges and to continuously ensure everyone's right to health.

The national health system of the Republic of Armenia faces various issues, among which accessibility, affordability and the quality of health care services should be particularly emphasized. These are widespread and systemic problems at all levels of health care in the State territory, including in penitentiary institutions and other places of deprivation of liberty where the health situation is especially complicated.

An Ad Hoc Public Report of the Human Rights Defender of RA on Safeguarding the Right to Health of Persons Deprived of Liberty in Penitentiary Institutions was prepared and published in 2017 that reflects challenges and contains analyses of health-related issues in penitentiary institutions. Subsequently, the similar issues have been reconsidered in the Annual Report on the 2017 activities of the Human Rights Defender as National Preventive Mechanism. Specifically, prevalent issues have been recorded relating to the following:

- adequate staffing of the health personnel; their sufficient qualification and training; institutional independence; sufficient medical equipment, availability of medicines;
- provision of state-guaranteed free health care, transfer of persons deprived of liberty to medical facilities;
- release from the sentence on the grounds of a serious illness of a person deprived of liberty;
- provision of care in penitentiary institutions;
- organization of psychological assistance and care for persons deprived of their liberty, etc.

It is worth mentioning that in 2018 the Human Rights Defender has published a targeted ad hoc report on gross violations in psychiatric institutions that have been recorded during the unannounced monitoring visits conducted throughout the last year. The monitoring revealed major problems, including the following:

- cases of providing paid psychiatric services where psychiatric care is legally free;
- inaccessibility of mental health care services at the community level;
- legislative and practical issues related to compulsory treatment (e.g. the absence of time periods for compulsory treatment and the absence of periodic review mechanism);

- use of medical restraints not envisaged by the law and violations of procedures for their use;
- inadequate number of medical staff in psychiatric institutions, lack of narrowly focused specialists, specialists for child mental health services and psychiatrists on duty at night time;
- use of expired medication and medical supplies, improper maintenance and disposal of medication;
- shortage of alternative medical treatment methods;
- overcrowding and substandard conditions in psychiatric institutions.

In addition to targeted monitoring activities, human right violations and other health-care related issues have been recorded within the framework of consideration and review of individual complaints addressed to the Human Rights Defender.

One complaint, for instance, revealed a number of violations of the rights of a person kept in a psychiatric institution. In particular, the person was not subjected to psychiatric commission examination after refusing hospitalization, the right of the person to outdoor exercise was not ensured by the psychiatric institution, and his/her medical history was not properly maintained. In response, the Defender made a decision on the violation of human rights and freedoms, which was presented to the RA Minister of Healthcare. The decision recommended the following:

1. to immediately carry out an investigation with regard to the violation of the rights of the person for the purpose of discussing the liability of the respective authorities;

2. to eliminate such violations of human rights of persons with mental health issues;

3. to prevent the hospitalization of a person with mental health issues without his/her consent or that of a legal representative;

4. to carry out a mandatory examination by a psychiatric commission;

5. to carry out proper supervision to ensure over the awareness of persons with mental health issues with regard to their rights, as well as over proper maintenance of medical documents;

6. to define procedures for the realization of the rights of persons with mental health issues at the legislative level;

7. to initiate a draft of amendments to the law, as well as declare void some decrees of the RA Minister of Healthcare which are in contradiction with the Constitution of Armenia and relevant international standards.

The RA Ministry of Healthcare has examined the Ombudsman's ad hoc public report and has instructed psychiatric institutions to promptly eliminate all existing violations and shortcomings of organizational and disciplinary nature. It has also been instructed to calculate the amount required for necessary reforms in alliance with the Health Care Programs Implementation Office of the RA Ministry of Healthcare. In the meantime, by highlighting the importance of the developments in the sphere of psychiatry, the Department of Medical Assistance Policy of the RA Ministry of Healthcare has been assigned to develop a concept of psychiatric service development with chief and leading specialists.

During the working meeting between the representatives of the RA Human Rights Defender's Office and the RA Ministry of Healthcare the issues raised in the ad hoc public report were discussed. The importance of organizing trainings for junior medical personnel was also touched upon. In this regard, the Human Rights Defender's Office responded positively and offered its support.

The records developed as a result of the monitoring visits to the RA psychiatric institutions in 2017 initiated by RA Human Rights Defender's Office were sent to the RA Prosecutor General's Office. The information is related to use of expired medication, filling in the record-books on "Drug dispensing and control" with gross violations of the prescribed procedure, and taking pensions from persons with mental health problems. As a result of examination of the records and attached documents, it was revealed that some of the information therein contained data on possible risks of criminal activity. The RA Prosecutor General consequently sent the reported violations to the RA Chief of Police with instructions to conduct an investigation.

It is worth mentioning that the actions towards the implementation of the recommendations presented in the above-mentioned report are going to be under the continuous supervision by the Human Rights Defender and his Staff through periodic visits and other follow-up activities.

The Office of the Human Rights Defender reiterates his sincere thanks and encouragement to the Special Rapporteur for preparing and publicizing his report, which simultaneously outlines crucial issues in the status quo, provides a hopeful account of current developments in Armenia's health care system, and makes a number of substantive recommendations to direct ongoing reforms. The report's contents disclose a carefully conducted investigative visit, as well as a robust strategic framework for bringing Armenia's health care system in line with international standards while bearing in mind the country's particular situation and needs.

In the closing, we would like to express our readiness to continue working to enhance our already-established close partnership with the Special Rapporteur to the benefit of our respective institutions and to our shared endeavor and in the effort to ensure the protection and promotion of the right to health in Armenia. The latest report underlines the degree to which sharing resources, expertise, and information between local and international actors may spur productive advances in the health care sector. Correspondingly, we believe, the realization of our commitment to protect and promote human rights relies strongly on the continuation of our institutions' already-established special relationship.

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Promotion and protection of all human rights, civil, political, economic, social and cultural rights, including the right to development

Submission by the Office of the Ombudsman of Argentina*

Note by the Secretariat

The Secretariat of the Human Rights Council hereby transmits the communication submitted by the Office of the Ombudsman of Argentina,** reproduced below in accordance with rule 7 (b) of the rules of procedure described in the annex to Council resolution 5/1, according to which participation of national human rights institutions is to be based on arrangements and practices agreed upon by the Commission on Human Rights, including its resolution 2005/74 of 20 April 2005.

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Anexo

Informe del experto independiente sobre la protección contra la violencia y la discriminación por motivos de orientación sexual o identidad de género acerca de la misión a la argentina.

1. La Defensoría del Pueblo de la Nación (DPNA), como INDH, Status A, concuerda en todo con el Informe elaborado por el Experto Independiente el visitar Argentina (A/HRC/38/43/Add.1).

2. El 14 de marzo de 2017, la DPNA recibió la visita del Experto Independiente Vitit Muntarbhorn. Fue informarlo cómo se esfuerza la Argentina para combatir la violencia y la discriminación contra personas LGBTI. Se le brindó un análisis del trabajo que está realizando la DPNA dentro del *Programa de Seguimiento y Evaluación de los Objetivos de Desarrollo Sostenible*, creado el 1° de enero de 2016, cuanto entró en vigencia la A/RES/70/1. En el marco de ese Programa se inició una investigación para conocer las políticas públicas destinadas al grupo LGTBI pese a que no se encuentra incluido de manera directa, en ninguno de los 17 ODS.

Además, se inició la investigación con base, entre otros, en el documento A/63/635 (ONU), presentado por los Representantes Permanentes de Argentina, Brasil, Croacia, Francia, Gabón, Japón, Noruega y Países Bajos.

Asimismo se tuvieron en cuenta los Principios de Yogyakarta, que si bien no han sido receptados definitivamente por ONU, ni ratificados por Argentina, sirven para tener como base a la hora de fijar políticas públicas.

3. Cabe destacar que la Alianza Global de Instituciones Nacionales de Derechos Humanos (GANHRI) en su publicación de junio de 2017, titulada "National Human Rights Institutions engaging with the Sustainable Development Goals (SDGs)", en su página 19, señala lo que sigue: *"Un líder en el monitoreo de los derechos humanos de los ODS es la INDH argentina, Defensor del Pueblo de la Nación, que ha desempeñado un papel crucial en el programa nacional de Argentina para el monitoreo y la evaluación de los ODS."* .*Y agrega: "La práctica de la Defensoría de Argentina no sólo es un ejemplo de INDH que, en el ejercicio de su mandato, supervisa los aspectos de los ODS relacionados con los derechos humanos; sino que, además, es un excelente ejemplo del papel excepcional de tender puentes que poseen las INDHs."*.

4. Los resultados de aquella investigación fueron informados entre los días 21 al 23 de febrero de 2018 en Ginebra, al GANHRI, al Sistema de Naciones Unidas, y a la Misión Permanente de la República Argentina en Naciones Unidas. También al H. Congreso de la Nación y al PNUD Argentina.

5. Las conclusiones de aquel Informe son las siguientes:

Argentina cuenta con legislación de vanguardia en materia de derechos para las personas LGBTI, encabezada por la *Ley de Matrimonio Igualitario* (Ley N° 26.618) y la *Ley de Identidad de Género* (Ley N° 26.743), que ha brindado igualdad legal a las parejas de personas del mismo sexo y ha reconocido en plenitud la identidad de género de las personas trans, respectivamente.

Según la estadística de los Registros Civiles, más de 16.200 parejas homosexuales pudieron casarse. Y se tramitaron un total de 6.291 cambios registrales por identidad de género: 5.154 corresponden a cambios del género masculino al femenino y 1.137 del género

femenino al masculino, de acuerdo a información suministrada por el Registro Nacional de las Personas (2017).

Sin embargo, la discriminación y la violencia contra el colectivo LGBT ha aumentado de forma notoria. La población trans (travestis, transexuales y transgéneros) es la más afectada, con un promedio de vida de 35 años, y se destaca la persecución de las fuerzas de seguridad a las trabajadoras sexuales.

Por su parte, el *Observatorio de Femicidios* de la DPNA informó que desde el 1° de enero al 31 de diciembre de 2017 se cometieron cinco (5) "femicidios trans" o "travesticidios".

5.1. En paralelo con el punto IV. Implementación, del Informe del Experto, se consideran políticas públicas acertadas, las que siguen:

a) Avances en la creación de áreas de Diversidad Sexual en ámbitos estatales pero todavía no en todo el país;

b) Avances en materia de Inscripciones Igualitarias de diversas filiaciones (comaternidad, copaternidad, maternidades y paternidades trans, triple filiación, filiación con gestación solidaria, etcétera);

c) *"Guía de Procedimiento de 'visu médico' y de 'control y registro' de personas trans en el ámbito del Servicio Central de Alcaidías"*, que regula cómo deben ser revisadas médicamente y requisadas las personas trans que ingresen a las Alcaidías ubicadas en la Ciudad Autónoma de Buenos Aires (CABA), dependientes del Servicio Penitenciario Federal;

d) *"Protocolo General de Actuación de Registros Personales y Detención para Personas Pertenecientes al Colectivo LGBT"* del Ministerio de Seguridad de la Nación (Resolución 1149-E/2017);

e) Ley N° 14.783 de Cupo Laboral Trans de la provincia de Buenos Aires, aunque aún no ha sido reglamentada;

f) Ordenanzas Municipales de Cupo Laboral Trans en las localidades de Rosario y Venado Tuerto (Santa Fe), Las Heras (Mendoza), Bell Ville (Córdoba), Tafí Viejo (Tucumán), Resistencia (Chaco), Río Grande (Tierra del Fuego), Viedma (Río Negro), Villa Mercedes (San Luis) y Santa Rosa (La Pampa);

g) Apertura de *Consultorios Amigables para la Diversidad Sexual* en los servicios de salud de diferentes localidades del país (provincia de Buenos Aires, CABA, Santa Fe, San Juan, San Luis, Tucumán, Salta, Santiago del Estero, Catamarca, Neuquén, Jujuy, entre otras);

h) Creación de 20 consultorios para la realización de tratamientos de hormonización en población transgénero en la provincia de Buenos Aires, y la constitución del primer centro bonaerense especializado en niños y niñas trans en el hospital Ludovica de La Plata;

i) *Casas LGBTI* de la provincia de Santa Fe (actualmente existen tres), que son centros culturales y sociales para personas LGBTI; y la *"Casa Trans"* del gobierno de CABA, que está dirigida exclusivamente a la población trans;

j) *"Plan Nacional de Acción para la Prevención, Asistencia y Erradicación de la violencia contra las Mujeres 2017-2019"* del Instituto Nacional de las Mujeres, que prevé medidas relativas al colectivo LGBT (por ejemplo: la creación de Hogares que permitan alojar y dar contención a mujeres víctimas de violencia, que contempla específicamente a las mujeres trans en tal situación).

5.2. Con relación al punto VI. DIFICULTADES, del Informe del Experto, se consideran falencias en las políticas públicas, las siguientes:

a) Cumplimiento y actualización de los contenidos de la *Educación Sexual Integral* (ESI) con perspectiva de género y Diversidad Sexual, que visibilice sin patologizar a las identidades trans y las identidades no binarias, y promueva la igualdad de trato y oportunidades para varones y mujeres;

b) Nuevos mecanismos resolutivos de las situaciones conflictivas en el ámbito escolar, para hacer frente al *bulling homo-lebo-transfóbico;*

c) Medidas adecuadas para hacer frente al incremento de las situaciones de violencia -sobre todo violencia institucional- en diversos puntos del país; principalmente a las trabajadoras sexuales trans, pero también a la comunidad LGBT en general;

d) Respeto a las orientaciones sexuales e identidades de género no hegemónicas en el ámbito social y cultural en general, inclusive en el deporte donde existen situaciones de discriminación hacia la diversidad y se pretende desconocer la Ley de Identidad de Género;

e) 6. La DPNA formuló las siguientes recomendaciones a la Argentina para mejorar sus políticas públicas en materia del grupo LGBT:

f) Implementar un *Programa Integral de Ciudadanía Trans*, que tenga por objetivo realizar un acompañamiento en ámbitos educativos, sanitarios, familiares, culturales y sociales a la población trans, y que contemple la realidad diferenciada de las mujeres y hombres trans mayores de cuarenta años -dada la baja expectativa de vida de esta población- promoviendo una cobertura mínima de protección social, tanto en materia previsional como para tratamientos médicos integrales;

g) Desarrollar políticas de inclusión laboral, con alcance nacional, para la población trans, que incluyan un cupo de participación mínimo en el ámbito estatal, incentivos impositivos para las empresas que contraten personas trans, apoyo a cooperativas de personas trans, capacitación en oficios, programas para la finalización escolar, bachilleratos orientados a la población trans y abiertos a toda la comunidad, entre otras cuestiones;

h) Ley de Licencias Igualitarias (que equipare los derechos parentales de l@s madre/s/padres/s entre sí, igualando los derechos de todas las familias, erradicando las diferencias en cuanto al género, las identidades o las expresiones de género de sus integrantes);

i) Protocolos y equipos interdisciplinarios especializados para la atención pediátrica de niños, niñas y adolescentes trans en todas las provincias;

j) Regulación jurídica de los contratos de gestación por sustitución o *"gestación subrogada"*, como derecho reproductivo de las familias que no pueden gestar a sus hijos;

k) Avanzar con la modificación de la Ley de Contrato de Trabajo para la inclusión de un régimen de licencias por nacimiento tanto para la persona gestante como la no gestante, que, además, incorpore -en todas las licencias y presunciones de la ley- los mismos derechos para las parejas del mismo sexo y las parejas heterosexuales; y asegurar que estos derechos se apliquen a todos/as los/as trabajadores/as sin discriminación;

l) Promover la correcta atención de las *Infancias Trans* a través de protocolos y equipos especializados en todas las provincias del país;

m) Promover la aprobación de iniciativas legislativas, como la *Ley de Gestación Solidaria*, que brinden acceso igualitario a la paternidad y maternidad a todas las personas, parejas y matrimonios;

n) Profundizar la aplicación del marco normativo establecido en la Ley 26.150 de Educación Sexual Integral (ESI) en forma inmediata en todo el territorio de la República, que plantea, entre otras cosas, la incorporación transversal de la perspectiva de la diversidad sexual en los programas educativos;

o) Garantizar la edición y la efectiva distribución de materiales didácticos, como los cuadernillos ESI, entre los que se destaca el cuadernillo *"ESI en familia"*;

p) Realizar talleres sobre *"Diversidad Sexual y Derechos"* en ámbitos escolares;

q) Instrumentar programas de prevención y erradicación del acoso, la violencia y la discriminación por orientación sexual o identidad de género en las escuelas (*bulling homo-lesbo-transfóbico*);

r) Incorporar las disposiciones de la *Ley de Identidad de Género* en las currículas de las carreras de Medicina y Psicología, entre otras;

s) Promover el tratamiento legislativo del proyecto de una nueva *Ley Antidiscriminatoria Nacional*, que incluye a la orientación sexual y la identidad de género como características protegidas;

t) ñ. Establecer procedimientos especiales, en las fuerzas de seguridad y el Poder Judicial, para denunciar la violencia y el hostigamiento por orientación sexual e identidad de género o su expresión (por ej. establecer una línea telefónica directa de denuncias);

u) Impulsar programas de atención a las víctimas de la violencia y delitos basados en la orientación sexual e identidad de género;

v) Permitir el uso de instalaciones y ámbitos estatales según el género autopercibido, tales como baños, vestuarios y similares, tendiendo en la medida de lo posible a la incorporación de baños sin distinción de género;

w) Apertura de Casas LGBT en todas las provincias, a fin de brindar espacios de contención y participación, tanto a las personas LGBT como a las organizaciones de la sociedad civil;

x) Fomentar el respeto de la diversidad sexual e identidad de género en los ámbitos deportivos, garantizando especialmente la participación de mujeres, hombres, niños, niñas y adolescentes trans.

6. Finalmente, es importante destacar, teniendo en cuenta lo señalado por el Experto Independiente en su Informe (VII. Recomendaciones, punto 80, apartado a), acerca del nombramiento de un Defensor del Pueblo "federal" (en realidad "nacional"), que si bien el cargo se encuentra vacante desde hace años, pues no ha logrado el H. Congreso Nacional obtener la mayoría especial de 2/3 de sus miembros presentes, el proceso de nombramiento se encuentra en plena marcha. Pero, además, en febrero de 2018, el Subcomité de Acreditación (SCA) del GANHRI, decidió aplazar la consideración de la renovación de la acreditación de la Institución, elogiando a la DPNA por llevar a cabo su mandato pese a la prolongada vacancia, reconociendo expresamente los esfuerzos realizados por nuestra INDH en el seguimiento de las recomendaciones del SCA y en la defensa, protección y promoción de los DDHH.

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Written submission by the Office of the Ombudsman of the Samoa*

Note by the Secretariat

The Secretariat of the Human Rights Council hereby transmits the communication submitted by the Office of the Ombudsman of the Samoa**, reproduced below in accordance with rule 7(b) of the rules of procedures described in the annex to Council resolution 5/1, according to which participation of national human rights institutions is to be based on arrangements and practices agreed upon by the Commission on Human Rights, including resolution 2005/74 of 20 April 2005.

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Annex

Submission by the Office of the Ombudsman of the Samoa

NHRI Samoa Written Submission to the "UN Human Rights Council Independent expert group on the issue of discrimination against women in law and in practice in Samoa (A/HRC/38/46/Add.)"

Concluding observation/ recommendation: *The National Human Rights Institution should develop mechanisms to ensure protection for those who are speaking out against strongly held beliefs that undermine human rights, including in relation to acts of reprisal.*

Response

The Office of the Ombudsman/ NHRI Samoa (**NHRI Samoa**) is grateful to the Human Rights Council (**Council**) for the opportunity to provide a submission in response to the report of the Working Group on discrimination against women on its mission to Samoa (**report**) and more specifically on the recommendation addressed to NHRI Samoa. NHRI Samoa expresses also its appreciation of the work undertaken by the Working Group and of the report on its visit to Samoa. The report is a most useful review on the issue of discrimination against women in Samoa.

In response to the Working Group's recommendation, NHRI Samoa has yet to develop mechanisms to ensure protection for those who are speaking up against strongly held beliefs that undermine human rights. NHRI Samoa has not received any complaints relating to this problem nor has it been notified of any difficulties experienced. NHRI Samoa continues to encourage free expression and exchange of views on aspects of societal practice that undermine human rights; and to be watchful for indications of need for protective mechanisms to facilitate the free flow of productive discourse.

In the meantime, NHRI Samoa carries out awareness raising workshops in schools and village communities to enhance understanding of human rights and of interconnectedness between human rights principles and the requirements of the *Faasamoa.* Given the realities of its resources, NHRI Samoa relies heavily on these activities to promote understanding and enthusiasm for human rights and to highlight risks to their proper enjoyment in everyday life.

Extensive consultations with village communities in the carrying out of a recently completed sixteen-month National Inquiry into Family Violence, provided valuable opportunity to air for public discussion, elements in societal practice that impinge on the equality and rights of women and girls. In this connection, entrenched attitudes and practices flowing from tradition and the fact of a patriarchal society received central attention. The Report of the Inquiry will be completed by end of June 2018. A significant educational and awareness raising component envisaged to flow from the Inquiry exercise will be rolled out once the Inquiry report has been submitted to Parliament. This is further opportunity for continuing examination and discussion of strongly held beliefs that undermine human rights including those to which the Working Group's report alludes with regard to gender.

It is through these awareness raising initiatives, fact finding projects and reports that NHRI Samoa hopes to promote on-going discussion of impediments to the enjoyment of human rights and to change persistent negative perceptions of human rights as harmful and disruptive of indigenous culture and religious beliefs.

NHRI Samoa appreciates the opportunity to comment and wishes the Council well in its work ahead.

Faafetai.

MAIAVA IULAI TOMA

Ombudsman

Office of the Ombudsman/ NHRI Samoa

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Human rights situation in Palestine and other occupied Arab territories

Written submission by the Independent Commission for Human Rights of the State of Palestine*

Note by the Secretariat

The Secretariat of the Human Rights Council hereby transmits the communication submitted by the Independent Commission for Human Rights of the State of Palestine**, reproduced below in accordance with rule 7(b) of the rules of procedures described in the annex to Council resolution 5/1, according to which participation of national human rights institutions is to be based on arrangements and practices agreed upon by the Commission on Human Rights, including resolution 2005/74 of 20 April 2005.

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Annex

Submission by the Independent Commission for Human Rights of the State of Palestine

Latest updates on the Israeli Violations of Human Rights in the Occupied Palestinian Territories

June 2018 marked 51 years of Israel's occupation of the West Bank and Gaza Strip. Since then and on a daily basis, the Israeli occupying authorities have systematically carried out arbitrary policies, offences and violations against Palestinian human rights and International Humanitarian Law principles. Since the beginning of 2018, multiple violations have been committed, including continued killings, targeted shooting of Palestinians, restriction of freedoms, and damage of properties in the West Bank and Gaza Strip.

By early June 2018, a total of 156 Palestinians were killed by the Israeli occupying forces in both west bank and Gaza strip. in the besieged Gaza Strip, the Israeli occupying forces committed the crime of killing Razan Ashraf al-Najjar, a 21-year-old female volunteer paramedic, while carrying out her humanitarian duties towards injured citizens east of Gaza strip. In addition to Razan al-Najar and since the start of the Great March of Return on 30 March 2018, the Israeli occupying forces have killed a Civil Defence paramedic and injured 234 health workers. This is an evidence of the Israeli systematic policy of targeting health workers, who carry out their humanitarian duties in the Gaza Strip. The Israeli occupying forces have used lethal and excessive force against peaceful protestors, who posed no immediate threat to the lives of Israeli soldiers. Attacks on health workers and targeting civilians constitute a grave violation of International Law and International Humanitarian Law. They amount to a war crime under the 1949 Fourth Geneva Convention, particularly in relation to the scope of protection it provides to civilians.

Journalists also have not been spared. The Israeli occupying forces killed photojournalists Yasser Murtaja and Ahmed Abu Hussein and left 63 other journalists with various wounds, including 20 by live ammunition. Of these, a journalist had his leg amputated. Strikingly, the Israeli occupying forces have deliberately targeted media representatives to supress the media, impose censorship and prevent news coverage of ongoing events in the Gaza Strip. Israel prevents media staff from carrying out their professional duties.

The unarmed civilians in the Great March of Return have continued been targeted. Israel's use of excessive force and unjustified violence against protestors resulted in the killing of 104 civilians, including 15 children and two persons with disabilities. A total of 5587 civilians were injured, including 927 children and 167 women.

In the West Bank, arbitrary detention and deprivation of liberty continued. the Israeli occupying forces arrested at least 2,713 citizens and detained dozens of others. the Israeli forces raided Palestinian cities towns and villages 2.852 times and demolished 33 homes. In 292 incidents, the Israeli forces attacked, damaged and seized Palestinian properties. Across the West Bank, 25 Palestinian homes were occupied and converted into military posts. The Israeli forces also set up 1,686 permanent and flying checkpoints, restricting the movement of civilians. Additionally, Israeli settlers committed acts of violence on 216 occasion.

At the same time, the Israeli High Court ruled for the demolition of the entire Khan al-Ahmar Bedouin community east of occupied Jerusalem, including the community's mosque and school. The residents are now at heightened risk of forcible transfer, in the context of Israeli attempts to connect Ma'ale Adumim settlement to occupied Jerusalem and expand Jerusalem municipal border at the expense of Palestinians which constitutes a war crime. 41

families, including 180 members, of the Al-Jahalin tribe live in Khan al-Ahmar Bedouin community. the community's school serves about 170 male and female pupils from five surrounding communities.

The Israeli policies, which involve replacing Palestinian citizens by Israeli settlers in the (oPt), arbitrary destruction of property and forcible transfer stand in grave violation of the 1949 Fourth Geneva Convention. They constitute war crimes under the Rome Statute of the International Criminal Court. Against this background, ICHR calls for an immediate action by the Human Rights Council and international community to bear their legal and moral responsibilities and put an end this dangerous plan, which serves settlement activity in oPt.

The occupying Power's extensive abuses are a result of impunity and lack of accountability which encourage the Israeli forces to perpetrate more crimes. Continued crimes and excessive use of force against peaceful protestors, that are supported by a decision from the highest military and political levels, require an investigation, with a particular focus on protected groups. It also requires that the High Contracting Parties to the Fourth Geneva Convention fulfil their legal obligation under Article 1 of the Convention (undertake to respect and to ensure respect for the Convention), and Article 146 (prosecute persons alleged to have committed grave breaches of the Convention).

ICHR calls for holding the occupying Power accountable for the war crimes it has committed. All those involved, including persons alleged to have committed or to have ordered to be committed such crimes, should be prosecuted and held accountable. The statute of limitation shall not apply in respect of war crimes. ICHR also calls for taking prompt action to establish the International Commission of Inquiry according to the Human Rights Council's Resolution and investigate the crimes perpetrated by the Israeli occupying forces against unarmed civilians in the Great March of Return. Occupation is a. Ending the occupation, the major cause of the deteriorating situation of human rights, will put an end to the Palestinian people's suffering, including grave breaches of their fundamental right to life, right to an adequate standard of living, right to self-determination, and right to their independent state on their national soil.